

Inventor Information

Inventor One Given Name::	Marius O.
Family Name::	Polica
Name Suffix::	Ph.D.
Postal Address Line One::	14 Hay Camp
Postal Address Line Two::	
City::	St. Paul
State or Province::	MN
Country::	
Postal or Zip Code::	55127
Inventor Two Given Name::	Charles F.
Family Name::	Steaderman
Name Suffix::	
Postal Address Line One::	2813 Sunnyside Circle
Postal Address Line Two::	
City::	Burnsville
State or Province::	MN
Country::	
Postal or Zip Code::	55306
Inventor Three Given Name::	Michael J.
Family Name::	Siers
Name Suffix::	
Postal Address Line One::	7742 East Briar Lake Drive
Postal Address Line Two::	
City::	Duluth
State or Province::	MN
Country::	
Postal or Zip Code::	55803
Inventor Four Given Name::	Andrew P.
Family Name::	Karels
Name Suffix::	
Postal Address Line One::	13285 Glendale Lane
Postal Address Line Two::	
City::	Savage
State or Province::	MN
Country::	
Postal or Zip Code::	55378

Inventor Five Given Name:: Victor F.
Family Name:: Glava
Name Suffix::
Postal Address Line One:: 323 Allen Avenue
Postal Address Line Two::
City:: Little Canada
State or Province:: MN
Country::
Postal or Zip Code:: 55117

Correspondence Information

Correspondence Customer Number:: 00164
Telephone:: 612/339-1863
Fax:: 612/339-6580
Electronic Mail:: drfairbairn@kinney.com

Application Information

Title Line One:: Medical data collection and deliver
Title Line Two:: system
Total Drawing Sheets:: 5
Formal Drawings?:: Yes
Application Type:: Utility
Docket Number:: P395.12-0001
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Application?::

Representative Information

Representative Customer Number:: 00164

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/391,899	6/26/02

Assignee Information

Name::	Poliac Research Corp.
Address line one::	12233 Wood Lake Dr.
Address line two::	
City::	Burnsville
State or Province::	MN
Postal or zip code::	55327